

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30798

Registrar's No. 13

FILED OCT 13 1951

BIRTH NO.		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 4313		State File No. 30798		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmer				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmer					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) Francis Pearl Buck				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) October 4 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 19 1879		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 7 Days 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Michigan				12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Frank McGim				13b. MOTHER'S MAIDEN NAME Caraa White				14. NAME OF HUSBAND OR WIFE S. S. Buck			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lena Lynch Elmer Mo				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cancer of cervix of uterus ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 10 months	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 171X						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 1951, to October 4, 1951, that I last saw the deceased alive on October 4, 1951, and that death occurred at 6-20 A.M., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) 2				23b. ADDRESS Elmer Mo.				23c. DATE SIGNED 10/10/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 5 1951		24c. NAME OF CEMETERY OR CREMATORY Elmer		24d. LOCATION (City, town, or county) (State) Elmer Macon Mo					
DATE RECD BY LOCAL REG. 10/11/51		REGISTRAR'S SIGNATURE Laphone Howerton				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MN McCallum South Gifford Mo					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10.12.51
RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.51.168
Date Filed 10.12.51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.